

February 9th, 2023

HB2340: In-person Testimony – Support if Amended

Mitchell A Skidmore, LMSW - social worker currently under clinical supervision

Dear Chair Landwehr and members of the Committee on Health and Human Services,

I am a social worker and owner of a private psychotherapy practice in Topeka, KS. I specialize in work with older adults. I am currently licensed as a master's level social worker, with a BSRB approved training plan for clinical licensure.

The decision to seek clinical licensure is vital to my practice and speciality as **only clinical social workers can receive reimbursement through Medicare**. As a social worker with advanced and specialized training in geriatrics, any barriers to advancement to clinical licensure is a barrier to providing care to a vulnerable and growing portion of the Kansas population.

I am concerned about two requirements in the proposed legislation HB2340:

1. I ask the committee **not to adopt** the new **board approved supervisor mandate**.
2. I ask the committee **not to require** the additional/specific **15 hours of coursework** in psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches and professional ethics.

Regarding concern with **board approved supervisor mandate**: Currently my clinical supervisor is over 70 years old, and has delayed retirement to continue providing supervision. At the time of my seeking a clinical supervisor, I found them in short supply, even in the urban area in which I reside. Calls to over 10 clinical social workers resulted in 3 returned phone calls, one to politely decline, and two agreeing to provide supervision. The costs for supervision ranged from \$50-150/hour. I am concerned that additional requirements for administrative approval and expenses regarding training would further limit the availability and affordability of clinical supervision necessary for progressing to clinical-level licensure.

Regarding concern with **15 hours of specified coursework**: I received my MSW degree from the University of Washington –one of the top ranked, nationally accredited MSW programs. All accredited MSW programs go through a rigorous accreditation process to ensure graduates have training in the areas of concern to the committee. Kansas's additional requirements as part of licensing unnecessarily burden board staff, delay training plan approvals, and provide an unneeded barrier to professional development for social workers. I submitted my training plan to the BSRB on November 13, 2019 and did not receive final approval until December 26th, 2019 – nearly **45 days**! Much of this delay was caused by the board needing to compare my classes with the 15 hour requirement, including my needing to provide syllabi from courses attended. I was fortunate to be less than 1 year from the completion of my degree and still have those syllabi on hand. For many other social workers coming from other states at various points in their career, this would be an extreme burden, and one I find unnecessary due to the standardized accreditation process for MSW programs. This requirement is also unique among

our neighboring states, adding to the disparity in the social work/mental health workforce in Kansas.

I again ask the committee **not to adopt** the new **board approved supervisor mandate** and **not to require** the additional/specific **15 hours of coursework** in psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches and professional ethics.

I look forward to a streamlined and modernized licensing process for Kansas social workers, which facilitates career development, including economic and mental well-being for providers and clients alike!

Sincerely,

 LMSW

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